

NMCP COVID-19 Report #14: Friday, 15 May 2020

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Disclaimer: I am not a medical professional. This document is current as of the date noted above. While I make every effort to find and summarize available data, things are changing rapidly, with new research and potentially conflicting literature published daily. Best practice and evidence are constantly shifting during this international public health crisis.

Reports are biweekly, planned for Tuesdays and Fridays.

Statistics

Global 4,444,670 confirmed cases and 302,493 deaths in 188 countries/regions

*United States**

top 5 states (Virginia is ranked 14th)

	TOTAL	NY	NJ	IL	MA	CA
Confirmed Cases	1,417,889	343,051	142,704	87,937	82,182	74,959
Recovered	NA	59,758	15,642	NA	NA	NA
Deaths	85,906	27,641	9,946	3,928	5,482	3,052
Tested	10,341,775	1,298,757	451,696	512,037	410,032	1,104,651

*see census.gov for current US Population data; NA: not all data available

[JHU CSSE](https://jhu-csse.org) as of 1000 EDT Friday, 19 May 2020

Navy (Department of Defense)

	TOTAL	MIL	CIV	DEP	CTR
Cases	1,519	1,301	141	37	40
Hospitalized	21	7	8	0	6
Recovered	1,277	889	207	101	80
Deaths	8	1	5	0	2
Cumulative*	2,804	2,191	353	138	122

*cumulative total = active + recovered + deaths

[DoD](https://www.dod.mil) dated Thursday, 14 May 2020

<i>Virginia</i>	Total	Chesapeake	Hampton	Newport News	Norfolk	Portsmouth	Suffolk	Virginia Beach
Cases	28,673	379	158	184	349	219	255	535
Hospitalized	3,657	76	29	38	56	39	41	86
Deaths	977	10	3	10	5	10	22	19

[VA DOH](https://www.vahq.org) as of 1000 EDT Friday, 15 May 2020

Ripple Effects: Other Health and Wellness Issues Impacted by COVID-19

The current pandemic has far reaching effects beyond an individual's health and mortality associated with infection by the SARS-CoV-2 virus and COVID-19 disease. There are discussions by policy makers, thought leaders, and public health officials on other health impacts of the pandemic ([CHOP](#)). Topics include:

- mental health of frontline healthcare providers (see report #10) and other groups including children (see report #11)
- amplification of health disparities (see report #13)
- changes in access to and continuity of care for patients with chronic health conditions
- socioeconomic and psychosocial issues such as food insecurity (see report #9), and domestic violence and child mal-/mis-treatment (see below)

Home-Based Violence and Abuse

Anyone Can Be Abused; Abusers Can be Anyone

Domestic violence (DV) is the willful intimidation and/or other abusive behavior (e.g., stalking, physical violence, sexual violence, psychological aggression, or emotional abuse) that is part of a systematic pattern of power and control perpetrated by one intimate partner against another ([NCADV](#) [what]). Intimate partner violence (IPV) does not require sexual intimacy and can occur in heterosexual or same-sex couples ([CDC](#) [ipv]). The terminology of DV and IPV is often used interchangeably. The violent behaviors may occur together or focus on one aspect; this type of violence is a complicated, multi-faceted issue that cuts across socioeconomic levels ([NCADV](#) [who]; [NDVH](#)).

This summary focuses mainly on home-based violence of intimate partners and children, especially in the context of COVID-19. It should be noted that minorities, disabled people, the elderly, and other vulnerable populations (e.g., gender, sexual identity) are also at increased risk for DV/IPV, as are those where firearms are accessible ([NDVH](#)). Similar violence and abuse can also happen in the workplace ([NWLC](#)).

Statistics

In the US, over 1 in 3 (36.4% or 43.6 million) women and about 1 in 3 (33.6% or 37.3 million) men will experience contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime ([CDC](#) [nsvs]).

2017 data shows approximately 674,00 children suffered maltreatment in the US, a rate of 9 per 1000; 7 per 1000 were reported victims of neglect, 2 per 1000 were physically abused, 1 per 1000 were sexually abused, or psychologically or emotionally abused ([Child Trends](#)). Younger

children are at higher risk of maltreatment—children aged 0-3 are three times more likely than those aged 16-17 ([Child Trends](#)).

A new systematic review and meta-analysis of IPV among military populations reports:

"Among studies that measured past-year physical IPV perpetration, the pooled prevalence was higher among men compared to women (26% and 20% respectively). Among Veterans, there were consistently higher prevalences compared to Active Duty samples. Similarly, higher prevalences were found among studies in general military settings compared to clinical settings." ([Aggress Violent Behav](#))

Why It Matters with COVID-19

IPV and other forms of domestic abuse are significant public health issues at baseline ([CDC](#) [ph]). Disasters (including natural disasters like hurricanes) can increase the risk of IPV; displacement and disruptions in services caused by disasters can add to the problem ([TCFV](#)).

During the pandemic, "many family violence (domestic violence, child abuse, and pet abuse) victims may currently be facing a 'worst case' scenario—finding themselves trapped in the home with a violent perpetrator during a time of severely limited contact with the outside world" ([Forens Sci Int Rep](#)). Home-based violence is preventable, not inevitable, during the pandemic ([WHO](#)).

The COVID-19 pandemic has disrupted social support systems, increased stress due to job loss or strained finances, reduced access to resources—all factors that put people at risk ([APA](#)). Measures taken to reduce the risk of SARS-CoV-2 infection and COVID-19 disease may result in victims unable to report and undermine external methods of detection (e.g., schools, doctor visits) in vulnerable groups like children and the elderly ([EClinicalMedicine](#)). While some forms of technology can counteract isolation and restriction measures, some can actually be used against victims ([Wired](#)).

COVID-19 DV Data

Data on violence during the pandemic may be misleading and fragmented and are limited at the time of this writing. While reports of DV and other crimes may drop, in some cases what is reported is more violent ([TMP](#)). Other crime trends suggest increases in DV, often correlated with stay at home orders ([Am J Emerg Med](#)). Anecdotal reports suggest restrictions on movement, stressful situations, and forced proximity associated with stay at home orders may increase the risk of DV/IPV, making it more frequent, severe, and dangerous ([NYT](#); [WashPo](#)).

Child Maltreatment

With schools out, a critical link in reporting child maltreatment and monitoring well-being has been lost ([STAT](#)). There are increasing concerns for safety of children during the pandemic ([Pediatrics](#)). In an article in Pediatrics, authors make 10 recommendations for clinicians in their patient interactions:

1. "Make violence potential part of every assessment.
 2. Inquire about family stress levels and how parents manage stress.
 3. Inquire about the co-parenting relationship.
 4. Inquire about social supports available to and being used by the family.
 5. Inquire about substance use and any recent increases.
 6. Look for signs of stress, irritability, depression in the parent.
 7. Look for harsh responses to child behaviors in parents.
 8. Look for signs of fearfulness or dysregulation in children.
 9. Look for indicators of controlling behaviors by one partner.
 10. Identify families who are more at risk for violence based on previous encounters and conduct check-ins if there are no scheduled appointments for them in the near term to reduce the likelihood that otherwise high-risk families would be undetected."
- ([Pediatrics](#))

This approach may be undermined, however, given that many parents are postponing well-baby and other medical visits due to worry about contacting the virus ([NYT](#)).

For a selection of articles on DV/IPV and COVID-19 not cited, see this collection in PubMed: <https://www.ncbi.nlm.nih.gov/sites/myncbi/tracy.shields.1/collections/59631617/public/>

Additional Resources

End Violence Against Children. Protecting children during the COVID-19 outbreak (accessed 14 May 2020). Link: <https://www.end-violence.org/protecting-children-during-covid-19-outbreak>

- Includes: resources; links to various agencies (domestic and international); social media kit; data on risks.

National Coalition Against Domestic Violence (NCADV): COVID-19 and domestic violence (accessed 14 May 2020). Link: <http://www.ncadv.org/covid-19-and-domestic-violence>

- Includes: resource guide; advocacy; webinars (upcoming and recorded); podcasts; and news articles.

National Domestic Violence Hotline. Resources (accessed 14 May 2020). Link: <https://www.thehotline.org/resources/>

- Includes: resources for victims and survivors; statistics; hotlines; data and surveys; legislation; and media information.

US Dept of Justice. Evidence-Based Practices for Children Exposed to Violence: A Selection from Federal Databases (2011). Link: <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=256220>

Multisystem Inflammatory Syndrome in Children

There are increasing reports of previously healthy children presenting with a severe inflammatory syndrome with Kawasaki disease-like features. The CDC has provided a case definition for this multisystem inflammatory syndrome in children (MIS-C, per CDC; others have refer to it as a pediatric MIS) associated with COVID-19 ([CDC](#)):

- An individual aged <21 years presenting with feverⁱ, laboratory evidence of inflammationⁱⁱ, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms

Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours

ⁱⁱIncluding, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

Additional comments:

- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

Timeline

07 April: A case report describing a 6-month old patient in California diagnosed and treated for classic Kawasaki disease in the setting of confirmed COVID-19 is published online ([Hosp Pediatr](#)).

27 April: An alert from NHS England (UK) highlights a 'small rise' of cases of critically ill children with unusual clinical presentation. The alert states: "the cases have in common overlapping features of toxic shock syndrome and atypical Kawasaki disease with blood parameters consistent with severe COVID-19 in children. Abdominal pain and gastrointestinal symptoms have been a common feature as has cardiac inflammation". Many, but not all, of these children test positive for COVID-19 ([PICS](#)). [mentioned in NMCP COVID-19 report #09]

04 May: NYC Health alert describes a Pediatric Multi-System Inflammatory Syndrome potentially associated with COVID-19, mentioning the UK PICS alert ([NYC Health](#)).

05 May: The New York Times, citing the NYC Health alert, reports that 15 children in New York City have been hospitalized with what appears to be an unknown syndrome with similar symptoms to toxic shock or Kawasaki disease; while some patients have coronavirus, they do not all test positive for the virus ([NYT](#)). [mentioned in NMCP COVID-19 report #11]

07 May: An article describing 8 cases in the UK (including one death) is published online ([Lancet](#)).

09 May: A preprint is published online that discusses the syndrome based on the nearly 100 cases (mostly in Europe), including epidemiology and clinical presentation, and reviews what is currently known ([Preprints](#)).

12 May: About 100 cases of pediatric multisystem inflammatory syndrome, the Kawasaki-like syndrome emerging with the pandemic are reported; 3 children have died of the illness ([NYT](#)).

13 May: An article describing severe Kawasaki-like disease at the Italian epicentre of the SARS-CoV-2 is published online ([Lancet](#)). The authors note:

"In the past month we found a 30-fold increased incidence of Kawasaki-like disease. Children diagnosed after the SARS-CoV-2 epidemic began showed evidence of immune response to the virus, were older, had a higher rate of cardiac involvement, and features of MAS [macrophage activation syndrome]. The SARS-CoV-2 epidemic was associated with high incidence of a severe form of Kawasaki disease. A similar outbreak of Kawasaki-like disease is expected in countries involved in the SARS-CoV-2 epidemic."

14 May: Late in the day, the CDC sends out a health advisory (detailed above) providing background information and case definition of the syndrome ([CDC](#)).

Selected Primary Literature

Recent – published within the last 7 days of report date in peer-reviewed journals

[BMJ](#): Clinical efficacy of hydroxychloroquine in patients with covid-19 pneumonia who require oxygen: observational comparative study using routine care data (14 May 2020)

In this French study, 181 patients with documented severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pneumonia who required oxygen but not intensive care were given hydroxychloroquine (600 mg/day) within 48 hours of admission.

"Hydroxychloroquine has received worldwide attention as a potential treatment for covid-19 because of positive results from small studies. However, the results of this study do not support its use in patients admitted to hospital with covid-19 who require oxygen."

[BMJ](#): Hydroxychloroquine in patients with mainly mild to moderate coronavirus disease 2019: open label, randomised controlled trial (14 May 2020)

"Administration of hydroxychloroquine did not result in a significantly higher probability of negative conversion than standard of care alone in patients admitted to hospital with mainly persistent mild to moderate covid-19. Adverse events were higher in hydroxychloroquine recipients than in non-recipients."

[JAMA](#): Asymptomatic Seroconversion of Immunoglobulins to SARS-CoV-2 in a Pediatric Dialysis Unit (14 May 2020)

"This study found a high prevalence of subclinical seroconversion in individuals interacting in a pediatric dialysis unit. To our knowledge, no other studies of seroconversion in health care settings exist. The 1 symptomatic, PCR-positive patient may have been the source of spread, but other health care environment or community transmission cannot be ruled out. The prevalence of subclinical seroconversion in the health care workers suggests that more health care workers may be antibody-positive than would otherwise be expected. Information on seroprevalence can allow strategically staffing the care of SARS-CoV-2—positive or patients suspected to be positive with seroconverted nurses and physicians."

[Front Pediatr](#): Clinical Characteristics of 5 COVID-19 Cases With Non-respiratory Symptoms as the First Manifestation in Children (12 May 2020)

In this case series, the authors outline the different non-respiratory symptoms as the first manifestation of COVID-19 in children. 4 of 5 cases had digestive tract symptoms as the first manifestation—specifically poor feeding, diarrhea, vomiting, and other GI symptoms.

"For three of the five patients, the primary onset disease required an emergency operation or treatment, and included intussusception, acute suppurative appendicitis perforation with local peritonitis, and traumatic subdural hemorrhage with convulsion, while for the other two it was acute gastroenteritis (including one patient with hydronephrosis and a stone in his left kidney). During the course of the disease, four of the five patients had a fever, whereas one case had no fever or cough."

[JAMA Intern Med](#): Development and Validation of a Clinical Risk Score to Predict the Occurrence of Critical Illness in Hospitalized Patients With COVID-19 (12 May 2020)

"In this study with a development cohort of 1590 patients and a validation cohort of 710 patients, a risk score was developed and validated to predict development of critical illness. We identified 10 independent predictors and developed a risk score (COVID-GRAM) that predicts development of critical illness. The risk score predictors included: chest radiography abnormality, age, hemoptysis, dyspnea, unconsciousness, number of comorbidities, cancer history, neutrophil-to-lymphocyte ratio, lactate dehydrogenase, and direct bilirubin. The COVID risk score may help identify patients with COVID-19 who may subsequently develop critical illness."

ICYMI—older than last 7 days

[J Matern Fetal Neonatal Med](#): Coronavirus disease 2019 (COVID-19) and pregnancy: a systematic review (30 April 2020)

"18 studies comprising 114 pregnant women were included in the review. Fever (87.5%) and cough (53.8%) were the most commonly reported symptoms, followed by fatigue (22.5%), diarrhea (8.8%), dyspnea (11.3%), sore throat (7.5%), and myalgia (16.3%). The majority of patients (91%) had cesarean delivery due to various indications. In terms of fetal and neonatal outcomes, stillbirth (1.2%), neonatal death (1.2%), preterm birth (21.3%), low birth weight (<2500 g, 5.3%), fetal distress (10.7%), and neonatal asphyxia (1.2%) were reported. There are reports of neonatal infection, but no direct evidence of intrauterine vertical transmission has been found."

"The clinical characteristics of pregnant women with COVID-19 are similar to those of non-pregnant adults. Fetal and neonatal outcomes appear good in most cases, but available data only include pregnant women infected in their third trimesters. Further studies are needed to ascertain long-term outcomes and potential intrauterine vertical transmission."

[NEJM](#): CPR in the COVID-19 Era — An Ethical Framework (06 May 2020)

"To protect health care workers in a manner consistent with the ethical framework we've outlined, we believe that resuscitation should commence only after the code team has donned appropriate PPE, including a face shield for the person performing intubation. Institutions should not require resuscitation if appropriate PPE is not available. If no member of the code team is sufficiently experienced at emergency intubation, the team should perform only interventions that can be delivered safely (e.g., defibrillation and compression-only CPR with supplemental oxygen) until an appropriate clinician arrives. At the same time, we believe that adequately trained responders who have appropriate PPE should not be allowed to refuse to perform CPR out of concern for personal safety, except in patients with refractory deterioration."

In Brief

Noteworthy

The CDC has released its guidance on reopening businesses and workplaces ([CDC](#)).

"This virus may become just another endemic virus in our communities, and the virus may never go away," said Mike Ryan, MD, executive director of WHO's emergencies program ([BHR](#)).

With cases spiking and a health system in crisis, Russian authorities have ordered medical students into hospitals to do compulsory practical work, many without PPE ([WashPo](#)).

Recovering From COVID-19

Patients with mild to moderate cases managed at home and without need of intervention complain of fatigue, breathing troubles, and heart problems for days and weeks after being sick from SARS-CoV-2 ([MedPage](#)).

A professor of infectious diseases at Liverpool School of Tropical Medicine has shared his experience of COVID-19 recovery ([BMJ](#)).

Research & Vaccine Development

Finding new treatments and a vaccine will depend greatly on finding a COVID-19 research animal model ([Wired](#)).

One of the biggest challenges with COVID-19 may not be development of a vaccine, but what happens after a vaccine is developed ([Politico](#)).

Long read: The very first vaccine candidate entered human trials—and Neal Browning's arm—on March 16 ([Wired](#)).

Information Overload

"Social media is already filling up with misinformation about a COVID-19 vaccine, months or years before one even exists" ([NYT](#)).

A new study suggests that YouTube is a major source of pandemic misinformation ([BMJ Global Health](#)).

With the volume of literature being produced and the rise of preprint servers like medRxiv, the role of peer review is being questioned ([MedPage](#)).

Mental Health & Resilience

The UN warns of the mental health costs—'some of the greatest causes of misery in our world'—with the pandemic ([NPR](#)).

You can be hopeful for the future and stay optimistic without ignoring negative feelings; "it's important to recognize that, under extreme conditions, we're all doing the best we can" ([NYT](#)).

Looking for a way to explore the world without leaving home? Try videowalks in Japan ([YT](#)) or virtual tours of museums ([T+L](#)).

Unexpected Side Effects

Pajamas sales are up 143%; sales for pants are down 13% and sales for bras are off by 12% ([CNN](#)).

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Ripple Effects: Home-Based Violence and Abuse

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Multisystem Inflammatory Syndrome in Children

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